

The purpose of this document is to provide authority for specific acts of tuberculosis (TB) clinical services under authority of Rule Title 22, Texas Administrative Code §193.2, Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders is non-licensed staff working in Texas Department of State Health Services (DSHS) Health Service Regions (HSRs).

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## **Standing Delegation Orders**

### **A. Method Used for Development, Approval and Revision**

This SDO and the relevant attachments shall be:

1. Developed by the TB SDO Revision Workgroup and the TB and Refugee Health Services Branch.
2. Reviewed and signed at least annually by the authorizing physician, a physician licensed

by the Texas Medical Board who executes this SDO.

3. Revised as necessary by the TB SDO Revision Workgroup, the DSHS Infectious Diseases Medical Officer, the Regional Medical Directors, and/or the TB and Refugee Health Services Branch.

## **B. Level of Experience, Training, Competence, and Education Required**

To carry out acts under this SDO, an authorized non-licensed staff (NLS) must:

1. Be an employee or contractor of the Texas Department of State Health Services.
2. Have reviewed, are familiar with, and able to readily access the recommendations within the regional TB policies and procedures relevant to TB blood specimen collection, packaging, and shipping.
3. Have undergone the following initial or continuing evaluation of competence relevant to TB blood specimen collection services within 12 months prior to the date that services are provided under this SDO:
  - Initial evaluation of competence is performed by the NLS's supervisor and consists of education and training, approved by the regional TB program manager, relevant to the delivery of TB blood specimen collection services.  
If the NLS's supervisor is not a licensed clinician, a licensed nurse or authorizing physician responsible to oversee the clinical acts of the NLS shall be responsible for the observation of the required clinical skills. This training and evaluation of competence must occur before TB blood specimen collection services are provided.
  - Continuing evaluation of competence is performed annually by the NLS's supervisor, or clinical designee, and consists of knowledge and skills training relevant to the delivery of TB blood specimen collection services, as approved by the regional TB program manager.
4. Have reviewed and signed this SDO (ATTACHMENT 1) within 12 months prior to providing services under this SDO.

## **C. Method of Maintaining a Written Record of Authorized Non-Licensed Staff**

A record of the authorized non-licensed staff that completes the required training and demonstrated competence shall be documented and maintained by the NLS's supervisor in the Health Service Regional office.

## **D. Authorized Delegated Acts**

Authorized non-licensed staff may provide TB blood specimen collection services under this SDO to clients who are suspected of having, or confirmed to have, TB infection or TB disease, or are a contact to a confirmed or suspected TB disease case.

It is the intent of all parties that the acts performed under this SDO shall be in compliance with the Texas Medical Practice Act, the Texas Nursing Practice Act, and the rules promulgated under those Acts.

## **E. Procedures and Requirements to be followed by Authorized Non-Licensed Staff**

1. Adhere to all TB infection control precautions when participating in TB blood specimen collection procedures.
2. Utilize interpreter services to facilitate client and staff communication as it relates to limited English proficient (LEP) clients.
3. Ensure, to the extent possible, that the person seen for TB blood specimen collection services is, in fact, who the person claims to be.
4. Ensure that the client's consent and signature has been obtained.
5. Verify the TB blood specimen collection order.
6. Explain the TB blood specimen collection process. Discuss with the client the risks and benefits of TB blood specimen collection. Provide the opportunity for the client to ask questions. If the client has questions you cannot answer, contact the supervisor or the nurse responsible for management of the TB client for instructions.
5. Gather the required supplies and prepare to collect the TB blood specimen sample(s).
6. Perform venipuncture, as described in ATTACHMENT 2.
7. Collect the TB blood specimens in proper tubes. See ATTACHMENT 3 for specific steps to be taken when collecting the QuantiFERON®-TB Gold In-Tube test.
8. Once a TB blood specimen is obtained, label and package the TB blood specimen(s) correctly and legibly, according to laboratory requirements. Submit the TB blood specimen(s) to an approved laboratory for processing, according to laboratory submission guidelines.

## **F. Client Record-Keeping Requirements**

TB forms available at: <http://www.texas.tb.org/forms/#clinic>

Authorized non-licensed staff must accurately and completely report and document each delegated act in a medical record prepared in accordance with DSHS policy and regional

procedures, which will include:

1. The client's name, address, date of birth.
2. An accurate and detailed description of the delegated activities rendered on each medical visit and the names of personnel involved in evaluation and treatment at each visit.
3. Actions carried out under these standing orders.
4. Any additional physician orders.
5. Client response(s), if any.
6. Contacts with other health care team members concerning significant events regarding client's status.
7. Documentation that the appropriate forms are completed and included in the medical record and copies, when applicable, are provided to the client.

#### **G. Scope of Supervision Required**

This SDO gives the authorized non-licensed staff authority to perform the acts described in this SDO in consultation with the authorizing physician as needed.

#### **H. Specialized Circumstances to Immediately Communicate with the Authorizing Physician**

Specific indications the authorized non-licensed staff providing services under this SDO should immediately contact the physician by phone include, but are not limited to when medical direction or consultation is needed.

In an emergency situation, the authorized non-licensed staff is to call 911, provide care according to his or her skills and ability, and contact the supervisor, the nurse responsible for management of the TB client, or the physician for instructions by phone as soon as possible.

#### **I. Limitations on Setting**

Authorized non-licensed staff can provide services under these standing orders in the clinic setting, in the client's home, or other field settings when the authorizing physician can be contacted by phone.

#### **J. Date and Signature of the Authorizing Physician**

This SDO shall become effective on the date that it is signed by the authorizing physician, below, and will remain in effect until it is either rescinded, upon a change in the authorizing physician, or at the end of business on the last day of the current DSHS fiscal year (August 31, 2015), whichever is earlier.

Texas Department of State Health Services Standing Delegation Orders/Standing Medical  
Orders: Tuberculosis Blood Specimen Collection Services Provided by Non-Licensed Staff,  
FY2014-15

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Authorizing Physician's Signature: \_\_\_\_\_

Authorizing Physician's Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

**ATTACHMENT 1: *Attestation of Authorized Non-Licensed Staff***

I, \_\_\_\_\_ have:  
printed name of authorized non-licensed staff

Read and understand the *DSHS Standing Delegation Orders/Standing Medical Orders: TB Blood Collection Services Provided by Non-Licensed Staff, FY2014-15 ("SDO")* that was signed by

Dr. \_\_\_\_\_ on \_\_\_\_\_.  
printed name of authorizing physician date of authorizing physician's signature

- I agree that I meet all qualifications for authorized non-licensed staff outlined in the SDO.
- I agree to follow all instructions outlined in the SDO.

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Signature of Authorized Non-Licensed Staff

Date

## **ATTACHMENT 2: *Venipuncture Procedure***

1. Assess patient for an acceptable site to perform venipuncture:
  - Median cubital and cephalic veins are the optimal choices and provide the least risk of nerve damage
  - If those sites are unacceptable, the wrist or hand veins may be used
2. Position client, extending upper extremity comfortably.
3. Verifies tubes to be collected correspond to tests requested.
4. Apply tourniquet 3-4 inches above the selected puncture site. Do not leave tourniquet on more than 2 minutes.
5. Ask the client to make a fist without pumping his/her hand.
6. Cleanse puncture site with alcohol in circular pattern, beginning at site and working outward. Allow to air dry.
7. Remove needle cap.
8. Draw skin taut to anchor the vein.
9. Inserts the needle (bevel up) at a 15-30 degree angle, avoiding trauma and excessive probing.
10. Hold needle completely still while inserting tubes onto vacutainer. Fill vacutainer tubes in correct order, if order specified.
11. Remove the tourniquet as the last tube is filling and asks patient to open fist.
12. Remove the vacutainer tube.
13. Remove the needle from the client's arm using a swift backward motion. While withdrawing the needle from the client's skin, engages the safety mechanism.
14. Press down on gauze over the puncture site with adequate pressure or ask competent patient to apply direct pressure over site keeping arm straight.
15. Place the needle into the sharps container.
16. Gently invert the tubes 5-10 times and correctly label all tubes while at the client's side.
17. Assure that puncture site bleeding has stopped. Apply band-aid, if necessary.

**ATTACHMENT 3: *QuantiFERON®-TB Gold In-Tube (QFT) Test Collection Procedure***

- 1. Blood collection tubes MUST be checked to ensure they are not expired.**
- 2. Collect 1mL of the client's blood by venipuncture into each QFT blood collection tube. The tubes should be collected in the order of Grey, Red, then Purple (GRaPe).**
  - As 1 mL tubes draw blood relatively slowly, keep the tube on the needle for 2-3 seconds once the tube appears to have completed filling, to ensure that the correct volume is drawn.
  - **Check fill-volume to ensure they are between 0.8-1.2mL.**
  - If a butterfly needle is used; a purge tube, such as a plain red top tube, should be used to ensure the tube is filled with blood before filling QFT tubes.
- 3. SHAKE QFT tubes 10 times**, just firmly enough to ensure the entire inner surface of the tube is coated with blood to dissolve antigens on tube walls.
  - **Over-energetic shaking may cause gel disruption and could lead to invalid results.**
- 4. As soon as possible**, transfer the tubes to a 37°C ± 1°C incubator, and incubate the tubes **UPRIGHT** for 16 to 24 hours.
  - Incubation must occur within 16 hours of collection, or results may be compromised.
  - Do not refrigerate specimens prior to incubation.
  - **Re-mix tubes by inverting 10 times immediately prior to incubation.**
- After the incubation at 37°C, centrifuge tubes for 15 minutes at 2000 to 3000 RCF (g). The gel plug will separate the cells from the plasma. If this does not occur, the tubes should be re-centrifuged at a higher speed.
  - **Once centrifuged, tubes should be refrigerated (4°C - 8°C) before shipment to DSHS.**
6. Deliver/ship to the DSHS Laboratory with cold packs within 28 days from the time removed from the incubator. Shipment must be received cold.
  - **Do not freeze the samples in QFT blood collection tubes.**
7. Submit completed G2A form and before shipping to DSHS lab,
  - Check / Circle "Yes" to indicate that incubation has been completed.
  - Check / Circle "Yes" to indicate that centrifugation is completed.

Contact DSHS lab at 512-776-7760 or 7514 or 2450 for shipping guidelines.